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ABSTRACT

This manual from the Polk County Public Schools in Bartow, Florida, was developed for school personnel and parents to aid in their efforts to develop successful behavioral and academic interventions to enhance the educational outcomes for students. Section 1 describes the child study team which is comprised of an administrator, guidance counselor, school psychologist, Exceptional Student Education (ESE) representative, student's classroom teacher(s), another classroom teacher/resource teacher, other persons who have a legitimate educational interest in the case (e.g., parents, school nurse, Chapter 1, social worker, agency personnel), and referral coordinator. Goals are listed and responsibilities of child study team members are described. Section 2 discusses the problem-solving model and lists sequential steps for problem solving. Section 3 presents examples of intervention strategies or educational alternatives which might be attempted in an effort to meet students' needs. These include academic and behavioral interventions, principles of classroom control for the hyperactive child, classroom strategies for teachers, and reading strategies. Section 4 presents referral procedures, including ESE referrals and alternative education referrals. Section 5 is an appendix and includes samples of screening and referral forms. (ABL)

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CHILD

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CHILD

STUDY

MANUAL

Statement of Purpose

The Student Services Department of Polk County Schools strives to provide support services which facilitate the highest quality educational services for all students. When the unique needs of students require a wider scope of academic and behavioral options, a collaborative problem-solving approach is necessary. This guide has been developed for school personnel and parents to aid in their efforts to develop successful behavioral and academic interventions to enhance the educational outcomes for students.

Prepared by:

Polk County Schools
Student Services Department

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THE

CHILD STUDY

TEAM

THE CHILD STUDY TEAM

A Child Study Team (CST) shall exist in each school and serve as the primary problem solving/screening team. The Child Study Team shall be composed of the following individuals:

- Administrator - Assistant Principal for Curriculum or Principal
- Guidance Counselor
- School Psychologist
- ESE Representative (if ESE housed in school)
- Student's classroom teacher(s)
- Another classroom teacher/resource teacher (standing member - may be rotated depending on the level of the child being studied)
- Other persons who have a legitimate educational interest in the case (e.g., parents, school nurse, Chapter I, social worker, agency personnel)
- Referral Coordinator

- One of these members will be assigned the responsibilities of chairperson.

GOALS

Prevention - The CST is accessible to all school personnel and parents to prevent problems or resolve them in their early stages.

Identification - The CST will facilitate the identification of students who are experiencing difficulties in maximizing their educational opportunities.

Intervention - The CST applies a problem-solving approach by clearly defining the problem, developing and implementing appropriate interventions, and evaluating the results.

Collaboration/Consultation - The CST employs a collaborative consultation model. Effective collaboration ensures that all team members are equal and that intervention techniques are developed through mutual effort.

Coordination - The CST will coordinate school and community resources to meet the individual needs of students.

Training - The CST will facilitate training for school personnel and parents regarding the Child Study Team model.

RESPONSIBILITIES OF CHILD STUDY TEAM MEMBERS

Recognizing that there is considerable overlap in the functions of the various CST members, the following descriptions provide examples of the types of data/expertise that each participant typically brings to the team's collaboration. CST members should maintain professionalism and ethical behavior in all meetings. Confidentiality of both written and verbal information on students should be maintained.

Administrator

- appoints the chairperson and recorder of the CST (preferably a school-based person)
- provides incentives for participation on the CST (e.g., covering class, providing release/ compensation time, inservice points if written into the district master plan)
- provides adequate location within the school facility and allocates appropriate time during the school day for the meeting

Guidance Counselor

- administers screening tests and reports findings to the CST
- assists the teacher in data collection for presentation to the CST
- may serve as chairperson and/or referral coordinator
- may assist the teachers with interventions and be available for consultation

School Psychologist

- contributes expertise in evaluation of outcomes, data collection, data analysis
- identifies strategies, materials, and resources for interventions
- provides guidance in decision-making regarding the assessment
- may assist with interventions and be available for consultation

Student's Classroom Teacher

- reviews the cumulative record and brings summary to meeting
- brings grade book, current grades, and other pertinent data to CST (e.g., discipline, work samples, conference notes, etc.)
- provides CST with information regarding:
    1. student's difficulties, current levels of functioning, and strengths and weaknesses
    2. short and long-range goals desired for student
    3. interventions attempted and outcomes
    4. contacts with parents/guardians
    5. interactions with teachers and peers
    6. results of standardized and informal tests
- collaborates with student services personnel and/or other teachers on case presentation

Another Classroom Teacher/Resource Teacher/ESE Representative

- provides support for interventions to the student's classroom teacher
- contributes information regarding instructional methodologies and curriculum
- assists in developing interventions from their area of expertise (may be rotated depending on the needs of the child)

School Social Worker (when available to attend)

- provides information regarding the family's history and interprets the impact of the family dynamics on the student's functioning
- serves as a resource person regarding referrals to appropriate community and mental health agencies and acts as a liaison between school, family, and community
- administers adaptive behavior scales, behavior checklists, and reports findings to the CST
- provides guidance in implementing family and social interventions

Other persons may be invited to provide educationally relevant information based upon their area of expertise.

ROLES OF APPOINTED TEAM MEMBERS

Chairperson

- establishes the dates and times of CST meetings
- outlines the team's agenda
- facilitates the group decision-making process
- coordinates record keeping and ensures that all collected data are available
- designates individuals responsible for observations and other data collection

Referral Coordinator

- coordinates completion of necessary paperwork if an ESE referral is appropriate
- updates CST on status of referrals.

Recorder

- keeps a record of the proceedings of the CST
- prepares appropriate communications for team members
- records problem areas, interventions, and person(s) responsible for implementation along with beginning and follow-up dates

PROCEDURES FOR CHILD STUDY TEAM

I. Teacher or other school personnel recognize a student problem or need.

A. Teacher or other school personnel should review the student's permanent record.
B. Teacher or other school personnel must contact parent(s) for a conference regarding the nature of the concern, sharing and comparing their respective viewpoints. This communication can be accomplished face-to-face, by letter, or phone. This step will be documented.

II. Problem Solving by the Classroom Teacher

A. Teacher makes initial attempts to resolve the problem using existing alternatives or resources within his/her own classroom.
B. Teacher may request informal assistance and/or additional ideas from colleagues.
C. Members of the CST may be consulted for formal intervention development. This meeting should be documented.
D. Teacher requests that appropriate personnel do screenings and/or observations.

III. Request for CST Meeting

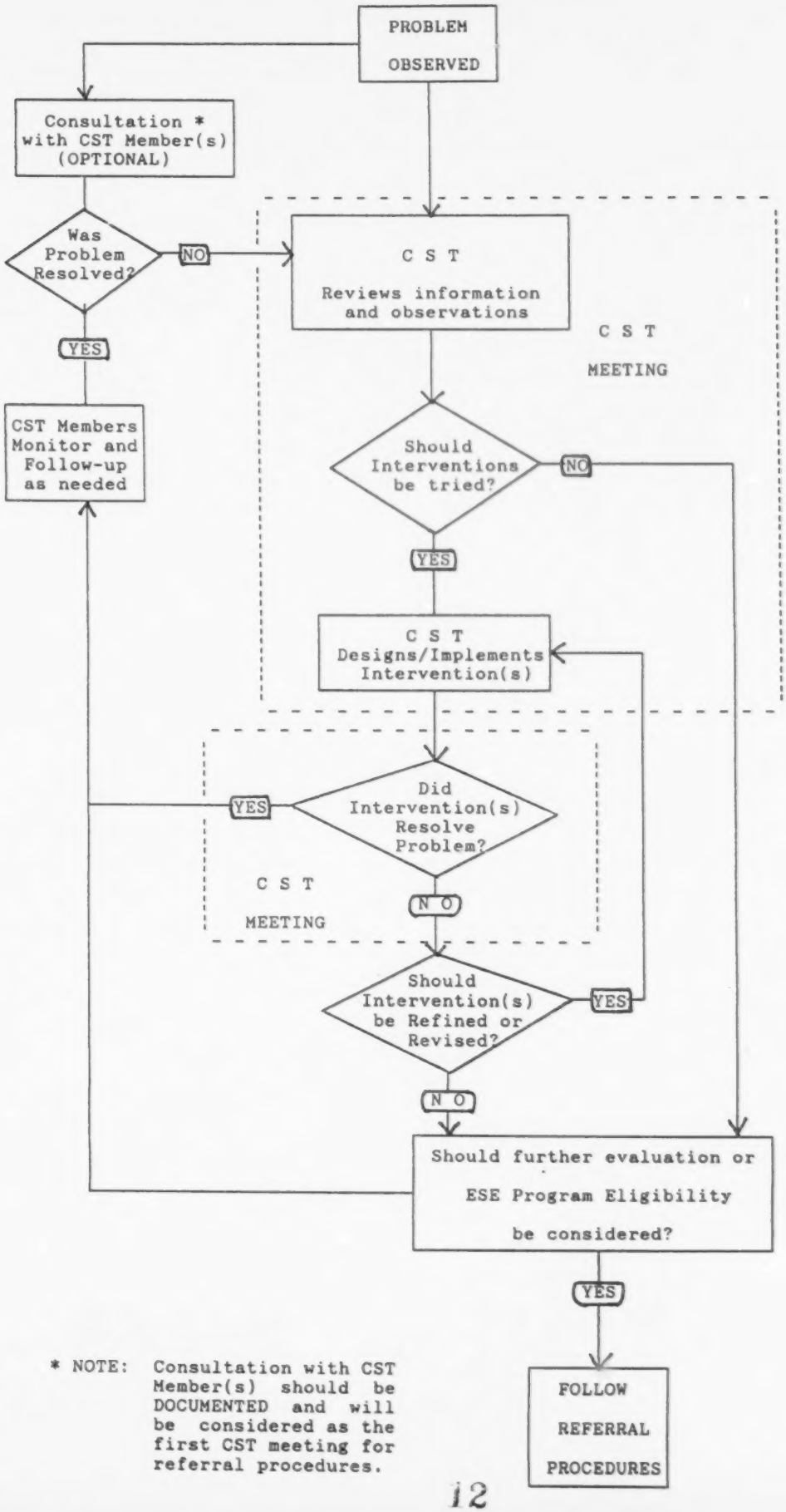
A. Complete request form - (see appendix)
B. The teacher provides information outlining the problem, background information,and results of interventions and parent conferences.

IV. CST Meeting

A. The CST should meet at a regularly scheduled time and place, with a core of permanent members. It is imperative that the student's teacher be in attendance.
B. The Chairperson should set the team agenda and notify participants in advance of the meeting.
C. A record-keeping system needs to be established. Information should be documented by an appointed recorder and should include:
   - definition of the problem (condition under which it exists, e.g., what?, when?)
   - measurement of the behavior
   - discrepancy between current and expected behavior
   - suspected reason why the student is not successful
   - intervention strategy/strategies designed to address the problem
   - person(s) responsible

- evaluation method to determine whether intervention was successful/set criteria for success
- follow-up date
- results of follow-up

D. The CST determines an appropriate plan of action which may result in one or more of the following:
   - written intervention report for the student's record
   - revision to the intervention plan
   - ESE referral (refer to flow chart)
   - Referral to other school/community resources



* NOTE: Consultation with CST Member(s) should be DOCUMENTED and will be considered as the first CST meeting for referral procedures.

THE

PROBLEM-SOLVING

MODEL

THE PROBLEM SOLVING MODEL

GOAL

The Child Study Team shall apply the problem-solving approach by clearly defining the problem, developing and implementing appropriate interventions, and evaluating the results.

Given the limitations of time and the immediacy of teachers' needs, the CST ensures that the process of problem-solving (i.e., creation of interventions) is efficient. This problem solving model is also appropriate for other settings (i.e., grade level or committee meetings, parent/teacher conferences, etc.).

Problem solving is accomplished through specific sequential steps:

1. Clarify the problem

   - define the problem in clear and specific behavioral terms that are measurable
   - identify the current performance level of the student that is problematic and the desired levels of performance that would be considered acceptable
   - reduce the discrepancy between the student's current and expected level of performance (this should be the goal of problem clarification)

2. Analyze components of the problem

   - review cumulative record to obtain school history (e.g., attendance, academic, health, testing, and other pertinent information)
   - identify antecedent determinants of the problem behavior (e.g., where and when behaviors occur, behavior of others before and after, effect of location on behavior, etc.)
   - identify the consequences that may maintain the behavior, (e.g., What has been reinforcing the behavior? What is the schedule of this reinforcement?)
   - determine the impact of the child's home situation as it relates to the overall problem (e.g., finances, discipline, family status, etc.)

3. Develop testable, observable reasons

   - determine why the problem is occurring (hypothesis development)
   - examine many possibilities (e.g., child, home, instruction, curriculum)

3. Develop testable, observable reasons (con't)

- utililize cooperative/consultative process to test instructor/student match
- explore possible outcomes that could result from possible reasons

4. Develop prediction statements from generated hypotheses

- determine which are the probable reasons for behavior (hypotheses)
- Test out hypotheses by asking,"If this is the problem, then this would probably happen"

5. Gather data

- confirm or deny probable hypotheses based on observed student behaviors
- consider which hypotheses are supported by student data

6. Explore intervention options

- brainstorm to generate intervention options that fit the most likely reason for the behavior. Options are generated without first evaluating them
- consider alternative approaches as identified during brainstorming and determine their feasibility, acceptability, costs and anticipated effectiveness

7. Select intervention(s) from the alternatives generated

- final selection of an intervention should be left to the classroom teacher or parent who will have the primary responsibility for carrying it out (imposed strategies are rarely implemented effectively)
- positive intervention approaches are considered more beneficial than behavior suppression or reduction techniques
- select the least complex and intrusive intervention approach possible (e.g., generate behavior management strategies or assist in manipulating instructional variables)
- a new skill should be developed to fit the existing classroom structure and routines
- provide support and reinforcement to consultees for implementing interventions (it is important to maintain consultee enthusiasm)
- interventions that require less time, are not intrusive, and are perceived by consultees to be effective are usually the most acceptable

8. Clarify implementation procedures and responsibilities

- **who?** What are the roles of the teacher, student, parents, support staff and intervention team?
- **how?** What is to be done? techniques? reinforcers?
- **when?** When will the plan be implemented? for how long will it be tried? time of day?
- **where?** In what setting(s) will the interventions take place?
- records should be maintained that document the intervention plan and procedures

9. Implement the strategy

- a follow-up consultant should be identified when follow-up contact is needed. The designated consultant should be the person most familiar with the intervention strategies to be implemented
- the follow-up consultant designated by the intervention team maintains close contact with the teacher and/or parent to provide technical support assistance and encouragement
- the CST through the follow-up consultant ensures that the intervention strategy is implemented as closely as possible to the original design

10. Evaluate intervention effectiveness

- data are collected to determine the effectiveness of the interventions
- types of data and collection methods can include samples of the student's daily work, behavior charts, parent reports, behavioral observations, etc.

INTERVENTIONS

INTRODUCTION

The following are examples of intervention strategies or educational alternatives which might be attempted in an effort to meet students' needs. Since every situation is unique, the interventions should be presented in conjunction with specific problems and represent an ongoing attempt to solve those problems.

A documented intervention should include :

(1) Consultation with two members of the child study team to brainstorm and select appropriate interventions
(2) Date initiated
(3) How long you attempted the intervention strategy*
(4) What you did, stated specifically and concisely
(5) Name and position of person initiating intervention

*Review progress of intervention strategy weekly with your members of the child study team.

The interventions found in this section are not intended to be comprehensive. They are provided as "best practices" suggestions for generating ideas for intervention development.

Possible Academic and Behavioral Interventions

ACADEMIC INTERVENTIONS

1. Lower instructional level.
2. Decrease amount of work per assignment.
3. Simple directions with demonstrations prior to independent work.
4. Pair with a peer "tutor" or volunteer.
5. Permit written assignments (including tests) to be taped/dictated to others.
6. Difficult reading material read to or taped for student.
7. Multisensory approach to instruction (manipulatives, filmstrips, etc.).
8. Frequent review of concepts.
9. Provide outlines and study questions before tests/quizzes.
10. Chart academic progress in a visual manner.
11. Consider content, effort and participation in determining grades.
12. Minimize distractions by changing seat or using a study carrel.
13. Instructional games (teacher-made or commercial).

BEHAVIORAL INTERVENTIONS

1. Regular, frequent communication with parent/guardian.
2. Rules posted and discussed daily.
3. Structure and organization provided via a rigid daily routine (e.g., daily assignment sheets).
4. Use of a timer for task completion, break-time, etc.
5. Frequent verbal praise/encouragement.
6. Teacher nonverbal communication-proximity control.
7. Assigning classroom responsibilities.
8. Reward/Point System with consequences for misbehavior (be specific).
9. Time-out procedure for misconduct.
10. Group/individual counseling - social skills group.
11. Self-monitoring/charting technique.
12. Contracting (individual/group/family).
13. Provide opportunities to release frustration through physical activity (be specific).
14. Intervention by outside agency (be specific).

These ideas were generated by a Student Services Advisory Subcommittee

Principles of Classroom Control

The Hyperactive Child

The following control methods are described by most teachers as beneficial for the majority of hyperactive children:

1. A prompt approach to work (getting started on time).
2. A rigid routine, providing a daily sequence that will not require frequent adjustments. Hyperactive children like to know what is expected of them.
3. Specific lesson plans that provide a variety of activities of short duration. These children need frequent changes in activity.
4. Special individual attention.
5. Lack of interruptions.
6. A consistent approach.
7. Careful instructions on class standards.
8. Direct commands that are well understood by the child.
9. Letting child "shine " in an activity.
10. Rewards for learning and proper behavior should be prompt, visible, and often tangible.
11. Assign children useful tasks, such as delivery of messages, collating mimeographed materials.
12. Channelling energy constructively by providing frequent opportunities for brief, physical exercise.
13. Minimizing competition with others. Instead, encourage the hyperactive children to better their own records.
14. Set rigid limits.
15. Give immediate consequences for misbehavior.
16. Privately reprimand.
17. Being separated from group; removed from class.
18. Loss of privileges.

CLASSROOM STRATEGIES FOR TEACHERS

Incomplete work

1. Stress quantity, then quality.
2. Reward completed work; give extra credit when applicable.
3. Use a timer to define allotted time correctly.
4. Provide a checklist or schedule for work to be done.
5. Teach self-monitoring - is task finished?
6. Provide organization - have child label paper the same.
7. Furnish models - be sure directions are understood.
8. Assign tasks in parts - to reinforce at selected intervals.
9. Use contracting for completion.
10. Provide a partner or helper.

Sloppy and/or Incorrect Work

1. Stress quality, then quantity.
2. Call attention to work done correctly - reward.
3. Assign in parts - check each part before child goes on to the next in order to prevent child from doing the entire assignment incorrectly.
4. Provide a model for desired end product.
5. Give an alternate assignment rather than requiring an assignment be copied over - child may be copying errors.
6. Be sure pencil is adequate.
7. Provide organization - fold child's paper; use one side for each new part of the assignment; give spacing clues.
8. Try to catch errors in progress - suggest methods for improvement while child is working.
9. Teach self-monitoring for neatness and completeness.

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Problems with Letter Formation and/or Spacing

1. Work with manipulative letters before pencil/paper tasks. Writing on paper without lines may be helpful in order to establish size and alignment before going to lined paper.
2. Translucent yellow markers can be used to model directly over the child's writing.
3. It is sometimes easier to teach cursive before manuscript - it is less segmented, less chance for reversals.
4. For difficulty with letter retrieval, tape alphabet to child's desk.
5. Categorize letters into groups - e.g., short, tall, letters with tails.
6. A small chalkboard or magic slate may be used prior to paper/pencil.
7. Give directional clues - start at the top, etc.
8. Popsicle sticks or little fingers may be used for spacing clues.
9. Use a green marker for "start here" indicator - a red one for "stop."
10. Tape a green dot on left side of desk for start on this side.

Problems with Copying

1. Teach Compensation
   a. Use tape, colored chalk, advertising techniques.
   b. Structure child's paper like the chalkboard.
   c. Teach child to use fingers to keep place.
   d. Have child cross out items as she/he does them.
   e. Be sure dittos are clear (not light).

2. Make Adjustments
   a. Let child use the book from which the board assignment came.
   b. Give the child the assignment written on paper.
   c. Lessen the assignment.
   d. Let child copy only the answers.
   e. Let child use the chalkboard.
   f. Consider the angle of the child's desk.

Difficulty with Grade Level of Work Assigned

1. Have a picture dictionary available, or a simple work dictionary.
2. Provide a class helper or partner.
3. Give an alternate assignment.
   a. At a lower grade level.
   b. Taped (individualized assignment, self-administered tests, responses to essay tests - child can transcribe later if desired).
   c. Oral
4. Limit the work - use a magic marker
5. Have the child choose own work.
   a. Selecting spelling words from child's reading book or from a list you provide.
   b. Child devises own activities.
   c. Child makes own goals, keeping own records.
   d. Child makes own schedule.
6. Help child to remember.
   a. Have a minimum of words in directions (cross out modifiers not essential).
   b. Use underlining color.

The following control techniques are described by most teachers as **NOT** being helpful with the majority of children.

Reprimands in public.

Delayed consequences.

PRACTICAL CLASSROOM TECHNIQUES FOR STUDENTS WITH LEARNING DIFFICULTIES

General Strategies that Facilitate Success

1. Seat students in the front of the room.
2. Seat the child beside a student buddy who can help them with directions and information they don't understand.
3. Keep a daily written schedule written on the board with the time denoting the beginning of each activity. Call attention to the schedule and the clock as each new activity is undertaken.
4. Be sure that the daily schedule is as consistent as possible.
5. Let the child know in advance of a change of routine or schedule.
6. The student with learning difficulties should have directed activity to do, whether an academic assignment or one of free choice.
7. If the student is easily distracted, remove any distractible stimulus from around the student—put the student in a quiet area away from other children, if possible, and away from windows.
8. There should be 3 or 4 posted rules in the room-that are in effect at all times-for which the child knows the contingencies for obeying as well as breaking.
9. Be Consistent! Students with learning difficulties do not adapt easily and do not understand when a teacher does not carry through with a promise or reward for hard work.
10. Begin where the child can function with success. The student may be threatened with failure by work seeming too difficult. If so, give the student only a part of the work at one time, one problem on a page, etc.
11. Pace the child so she/he can maintain certain successes.
12. Present several different kinds of activities within a class period: in-seat, out-of-seat, quiet, active, group work, and individual work.
13. Remember the child's dignity and self-concept.
14. Alternate short "work" sessions with breaks of different types of activities gradually increasing the length of the work sessions.
15. Use a multi-media approach whenever possible: videos, filmstrips, movies, newspapers, tapes, etc.
16. Avoid pressure. Be tolerant and understanding of honest mistakes. **DO NOT** fuss at the child for work, reactions, and behavior which he cannot help.
17. To improve behavior and temporarily relieve frustration, give the child some activities at which you know he can succeed.
18. Give the child extra time to answer a question. Many times the child will not remember an answer quickly because he becomes too afraid, thus forgetting.

19. Recall occasionally the progress the pupil has made - "Remember when you couldn't keep your letters in an even row - and now see how straight they are."
20. Keep in close touch with the parents concerning the child's progress at school. Send happy-grams, letters, awards, and certificates, etc., home. Sometimes make a phone call just to say something positive about the child.

Organizing Strategies: Providing Structure

Supplies, desk area, books

1. Shoe box for: pencils, pens, crayons, etc.
2. Small pencil box taped to top of desk.
3. A notebook to hold all papers being worked on in the day—as the papers are finished, they are placed in the notebook and turned in at the end of the day—or a spiral notebook for certain subjects.
4. For primary grades, a pocket made of paper can be taped to the side of the desk for all papers to be placed into through the day.
5. Desk (tote trays) should be cleaned out regularly at the end of each day or week; keep toys and extraneous materials out of reach.
6. Study carrels can be used for individual work, but use only when needed.
7. Desk tops and hands should be totally empty when directions are given or a new task is begun.

Seatwork, Boardwork, Following Directions

1. Number each task on the board, using colored chalk - the number will denote the order in which the tasks are to be completed.
2. Mark off sections of the board with one assignment in each - keep material separate.
3. As verbal directions are given, write the directions on the board using a simple form, and concrete words - place the directions with the appropriate task.
4. Place a complete demonstration item with each task - showing how the task is to be done - leave it on the board.
5. If task is in a book, stand next to the child while giving verbal directions, using the child's book to place the demonstration in.
6. If the task is in a book, lean the book in the chalk tray, with the number denoting when it is to be done, the page number, and the demonstration.

7. Often directions can be taped as you give them for the whole class - and the child with learning difficulties will be able to replay the tape as often as needed.
8. Provide adequate guided practice to prevent the child from repeating mistakes.
9. The class helper can be assigned to help a child with questions regarding the instructions, how to solve that problem, reading directions, and helping the child get the numbers written down.
10 Encourage the child to subvocalize in order to remember. The child can do this in a low whisper and will eventually learn to "say things in his/her head." This does not come naturally - it must be taught!
11. Keep work area neat; provide only necessary tasks materials.
12. Have child put all material away from an activity before starting a new activity.
13. Use short, one concept sentences. Avoid multiple commands or directions.
14. In response to a question, have child repeat the question as part of his/her answer.
15. Give ample time to respond to spoken directions. Have child repeat it.
16. Cue child into instructions with "listen" before beginning.
17. Allow child to wear headphones to cut out distracting noises during independent seatwork.
18. Allow child to use any crutch necessary to learn; it will be discarded when no longer needed. (e.g., using finger to keep place, using card to follow line, counting on fingers, etc.)

Workbooks, Dittos, Worksheets

1. Mark off the section to be completed with tape, marking pen, pencil, etc. - or cut up workbook in to smaller sections.
2. Be sure one demonstration item is completed per task.
3. Limit amount of written work to be completed so that child can concentrate on the concept being practiced and the accuracy of his/her response.
4. Be sure any duplicated materials are free of streaks or blotches.
5. In workbooks, cover the page not being used with a blank sheet of paper.
6. REMEMBER - Most children with learning difficulties are disorganized in some manner and therefore cannot begin working independently until they are taught to do so; until the material presented is structured in such a manner that they can work alone; AND all need to be given a few seconds individual attention with repeated instructions and help to get started on a task.

Reading Strategies

General Suggestions for Reading for Children with Learning Difficulties

1. They learn to read mainly through a sight or visual method or phonetic or auditory method and it is hard and impossible for some to build both methods or a combination of methods.
2. Those children who learn by the sight or visual approach, the strongest method to teach most of their reading will be the sight or visual method. Phonetic skills will be introduced gradually in combination with the visual approach. We are strengthening the auditory skills but not remediating them.
3. For those children who learn by the phonetic approach, the strongest method to teach most of their reading will be the phonetic method. Sight words will be gradually introduced, strengthening them, not remediating this skill.
4. When teaching reading or spelling, separate the words into sight and phonetic words and use the appropriate approach.
5. If at all possible, try to coordinate the reading and spelling words.
6. If the student needs to read aloud, let the child do so. Some children need to subvocalize what they are reading for comprehension.
7. Build speed in word recognition as well as discrimination skills. Chart the time and the number of errors so child will monitor own progress.
8. Teach one skill at a time and reteach it. Remember, two or three skills taught in one day only confuses the child.
9. Most children with learning difficulties prefer reading books with large print and limited detail in pictures.

Suggestions for Reading Groups

1. Have a child with learning difficulties sit next to you in the group.
2. A special carpet square gives a child an assigned place.
3. Teach the child to use a marker, a magic window in a piece of cardboard, or to move index finger slowly and evenly across the line of print.
4. Let this reading group sit on the floor instead of tiresome, hard, easy to turn over chairs.
5. Always have the group looking away from the rest of the class.
6. The class helper can go over the pages of the story for that day with a child with learning difficulties before the reading group is called.
7. Allow some physical activity: role playing characters in the story, acting out, or pantomiming the story, guessing the ending, etc.
8. Some children cannot work in large groups and will have to be broken into small groups of short duration.

PROBLEMS, CAUSES AND INTERVENTIONS

PROBLEM	CAUSES	INTERVENTIONS
Unable to complete tasks	Task too difficult or long, has no meaning directions not clear. Poor motivation.	Reward for very short tasks, reduce difficulty and length. Add variety in presentation.
Does not participate	Limited experience, lack of verbalization in the home, speech or organizational problems. Emotional problems.	Enrichment experiences, field trips, oral language activities, social experiences, speech modeling.
Will not try new tasks, uninterested, low motivation level.	Negative self-image, poor home situation, frequent failures, lack of sleep or poor nutrition.	Structured, simple tasks with emphasis on reward, check physical health.
Unable to concentrate, goes from one activity to another.	Distracted by over stimulation in environment, interruptions.	Decrease auditory and visual stimulus, use learning carrels, use uncluttered worksheets, organize work space.
Unorganized	Lack of routine at home, spacial-orientation problems, social and emotional problems.	Present small tasks individually, limit working time, decrease auditory and visual stimulus.
Lacks balance, falls easily, poor coordination, chronic fatigue withdrawal from physical activity.	Motor handicap such as cerebral palsy (must be diagnosed by a physician). Retardation and LD often are accompanied by motor deficiencies. Other physical health problems.	Seek medical advice and treatment; use balance beam, walk line, individual games of coordination such as bean bag, etch-a-sketch, PE to music.

PROBLEM	CAUSES	INTERVENTIONS
Unable to answer fact questions based on material read.	Failure to direct attention to meaning. Reading without a purpose. Material too difficult. Background inadequate for understanding what was read. Poor assignment.	Use material within pupil's ability to understand. Give questions for pupils to answer. Have him read paragraph and answer factual questions on it. Gradually increase amount read before asking questions until the whole selection can be read. Let pupil know that questions will be asked. Solve riddles that can be read.
Unable to find the central idea.	Lack of training. Lack of comprehension. Poor assignments.	Use material suitable to the ability of the pupil. Give drill in comprehension if needed. Start with a short section (sentence or paragraph) for finding the central idea and gradually increase the length.
Reversals in reading and writing. Confuse "p" and "q". Read "was" for "saw". Read "cat" and "dog".	Left eye dominance. Unable to attack new words. Improper initial instruction. Visual motor deficits. Low developmental age.	Use a pointer and run along the word or line from left to right. Trace the letters in the words which have been written in large letters.
Cannot write correctly in copying work, transposing letters, and drawing geometric shapes.	Poor eye-hand coordination, low development level, poor eye control poor spatial-orientation poor motor control.	Color-code lines on paper Begin with vertical writing surface as a chalkboard, easel, paper on wall. After child succeeds, writing the forms at a vertical angle proceed to paper and pencil tasks at a desk, copying from paper at the desk, proceed to copying the board.

PROBLEM	CAUSES	INTERVENTIONS
Cannot count.	Child may not have prerequisite skills, low development age, inaccurate or imprecise notion of body image, low social maturity and social perception.	Experiences to build child's understanding of space, form, order, time, distance and quantity using a strong motor tactile response along with counting.
Cannot perform basic computable skills.	Child may not have prerequisite skills, may not have developed abstract concepts due to low developmental age.	Matching numbers, using concrete objects, number lines, pegboards.
Unable to discriminate vowel sounds.	Auditory deficits, low developmental level, speech and language deficits, environmental noises, hearing loss, dialect.	Limit extraneous noise, begin with discriminating gross sounds, use sight work approach.
Poor word recognition.	Visual defects, low developmental level, Scarcity of reading material. Too little phonics and other methods of word attack. Materials too difficult. Defective teaching. Lacks knowledge of English.	Very easy, attractive reading material. Drill on common sight words. Much word and phrase drill. Teach methods of word attack. Correct physical defects.
Mispronunciations.	Speech impediment. Eye defect. Defective beginning methods. Too little phonics. Carelessness. Overdependence on context clues. Material too difficult.	Word analysis. Phonics drill. Apply phonics and work attack methods. Supply material which requires accurate recognition. Build up a large vocabulary.

PROBLEM	CAUSES	INTERVENTIONS
Does not understand meaning of words.	Small speaking vocabulary. Lack of experience.	A systematic development of word meaning. Study synonyms and antonyms. Study meaning through context. Match words with pictures. Give much reading material suitable to ability. Use dictionary. Encourage trips, conversation, multi-media and language development experience.
Inability to attack new and unfamiliar words.	Wrong beginning methods, lack of training in phonetics and word analysis. Insufficient training in getting words through context.	Show pupil how to get words through context, phonics, word analysis and use of dictionary. Give much drill in use of the above devices when necessary. Have pupil keep list of all words asked for. Use them in drill.
Inaccuracy due to carelessness.	Visual defects. Nervousness. Low mentality. Haste in reading. Defective beginning methods. Material too difficult. Material uninteresting.	Correct physical defect. Check closely on material read and keep daily record of all errors made. Give written or printed direction requiring exact reading. Accept nothing but accurate interpretation. Use interesting material, not too difficult.
Failure to differentiate words somewhat different in spelling.	Visual defects. Carelessness. Inaccurate perceptions. Short recognition span. Lack of attention to meaning.	Correct physical defect. Give drill exercises, phrases and short sentences. Phonic drill. Place emphasis on interpretation of what was read. Drill on words that are similar; e.g. saw, was. Drill in phrases and sentences and finally in related words.

PROBLEM	CAUSES	INTERVENTIONS
Unable to form judgments on material read.	Lack of training. Assignments do not require it. Lack of comprehension of what was read. No incentive for that type of work. Too much drill for getting more facts.	Give specific training to lead the pupils to form their own judgments. See that the oral questions involve problems which will challenge ability to think. Use assignment questions.

TEACHING STUDENTS WITH ATTENTION DEFICIT DISORDERS (ADD)

The most effective treatment of ADD requires full cooperation of teachers and parents working closely with other professionals such as physicians, psychologists, psychiatrists, speech and educational specialists, etc. In the coordinated effort to ensure success in the lives of children with ADD, the vital importance of the teacher's role cannot be overestimated. Dennis Cantwell, M.D., claims, "Anything else is a drop in the bucket when you compare it with the time spent in school."

Recommendations for the Proper Learning Environment

1. Seat ADD student near teacher's desk, but include as part of regular class seating.

2. Place ADD student up front with his/her back to the rest of the class to keep other students out of view.

3. Surround ADD student with "good role models," preferably students that the ADD child views as "significant others." Encourage peer tutoring and cooperative collaborative learning.

4. Avoid distracting stimuli. Try not to place the ADD student near
   - air conditioner
   - high traffic areas
   - heater
   - doors or windows.

5. ADD children do not handle change well, so avoid
   - transitions
   - physical relocation
   - (monitor closely on field trips)
   - changes in schedule
   - disruptions.

6. Be creative! Produce a "stimuli-reduced study area." Let all students have access to this area so that the ADD child will not feel different.

7. Encourage parents to set up appropriate study space at home with routines established for study, parental review of completed homework, and periodic notebook and/or book bag organization.

Recommendations for Giving Instructions to Students

1. Maintain eye contact with the ADD student during verbal instruction.

2. Make directions clear and concise. Be consistent with daily instructions.

3. Simplify complex directions. Avoid multiple commands.

4. Make sure ADD student comprehends before beginning the task.

5. Repeat in a calm, positive manner, if needed.

6. Help ADD child feel comfortable when seeking assistance (most ADD children won't ask).

7. Provide help for a longer period of time than for the average child. Gradually reduce assistance.

8. Require a daily assignment notebook if necessary.

   a. Make sure student correctly writes down all assignments each day. If the student is not capable of this, then the teacher should help the student.

   b. Parents and teachers sign notebook daily to signify completion of homework assignments.

   c. Parents and teachers may use notebook for daily communication with each other.

Recommendations for Students Performing Assignments

1. Assign only one task at a time.

2. Monitor frequently. Use a supportive attitude.

3. Modify assignments as needed. Consult with special education personnel to determine specific strengths and weaknesses of the student. Develop an individual educational program.

4. Make sure you are testing knowledge and not attention span.

5. Give extra time for certain tasks. The ADD student may work more slowly. Don't penalize for needed extra time.

6. Keep in mind that ADD children are easily frustrated. Stress, pressure, and fatigue can break down the ADD child's self-control and lead to poor behavior.

Education Committee of CH.A.D.D.

ACCOMMODATIONS FOR DEALING WITH SPECIFIC BEHAVIORS OF CHILDREN WITH ATTENTION DEFICIT DISORDERS

The accommodations listed below are intended to be examples of such for schools to use in developing a plan to address a students' needs.

WHEN YOU SEE THIS BEHAVIOR	TRY THIS ACCOMMODATION
1. Difficulty following a plan (has high aspirations, but lacks follow-through); sets out to get straight A's, ends up with F's (sets unrealistic goals)	• Assist student in setting long-range goals; break the goal into realistic parts. • Use a questioning strategy with the student: Ask, *What do you need to be able to do this*? Keep asking that question until the student has reached an obtainable goal. • Have student set clear time lines, and establish how much time he or she needs to accomplish each step. (Monitor students progress frequently.)
2. Difficulty sequencing and completing steps to accomplish specific tasks (e.g., writing a book report, term paper, organized paragraphs; solving division problem)	• Break up task into workable and manageable steps. • Provide examples and specific steps to accomplish task.
3. + Shifting from one uncompleted activity to another without closure +	• Define the requirements of a completed activity. (E.g., *your math is finished when all six problems are completed and corrected; do not begin on the next task until it is finished.*)
4. + Difficulty following through on instructions from others +	• Gain student's attention before giving directions. Use alerting cues. Accompany oral directions with written directions. • Give one direction at a time. Quietly repeat directions to the student after they have been given to the rest of the class. Check for understanding by having the student repeat the directions. • Make sure you mean it. • Do not present the command as a question or favor. • Place general methods of operation and expectations on charts displayed around the room and/or sheets to be included in student's notebook. • Make up job or work cards.
5. Difficulty prioritizing from most to least important	• Prioritize assignments and activities. • Provide a model to help students. Post the model and refer to it often.
6. Difficulty sustaining effort and accuracy over time	• Reduce assignment length and strive for quality (rather than quantity). • Increase the frequency of positive reinforcements. (Catch the student doing right and let him know it.)
7. Difficulty completing assignments	• List and/or post (and say) all steps necessary to complete each assignment. • Reduce the assignment into manageable sections with specific due dates. • Make frequent checks for work/assignment completion. • Arrange for the student to have the phone number of a "study buddy" in each subject area.
8. Difficulty with any task that requires memory	• Combine seeing, saying, writing, and doing; student may need to sub-vocalize to remember. • Teach memory techniques as a study strategy (e g., mnemonics, visualization, oral rehearsal, numerous repetitions).

Behaviors noted with the " + " are the most dominant behaviors displayed by students with attention deficit disorders.

WHEN YOU SEE THIS BEHAVIOR	TRY THIS ACCOMMODATION
9. Difficulty with test taking	• Allow extra time for testing; teach test-taking skills and strategies; and allow student to be tested orally. • Use clear, readable, and uncluttered test forms. Use test format that the student is most comfortable with. Allow ample space for student response. Consider having lined answer spaces for essay or short answer tests.
10. Confusion from nonverbal cues (misreads body language, etc.)	• Directly teach (tell the student) what nonverbal cues mean. Model and have student practice reading cues in a safe setting.
11. Confusion from written material (difficulty finding main idea from a paragraph, attributes greater importance to minor details)	• Provide student with copy of reading material with main ideas underlined or highlighted. • Provide an outline of important points from reading material. • Teach outlining, main idea/details concepts. • Provide tape of text/chapter.
12. Confusion from spoken material, lectures, and audiovisual material (difficulty finding main idea from presentation, attributes too much importance to minor details	• Provide student with a copy of presentation notes. • Allow peers to share carbon copy notes from presentation (Have student compare own notes with copy of peer's notes.) • Provide framed outlines of presentations (introducing visual and auditory cues to important information). • Encourage use of tape recorder. • Teach and emphasize key words (*the following, the most important point, etc.*).
13. + Difficulty sustaining attention to tasks or other activities (easily distracted by extraneous stimuli) +	• Reward attention. Break up activities into small units. Reward for timely accomplishments. • Use physical proximity and touch. Use earphones and/or study carrels, quiet place or preferential seating.
14. + Frequent messiness or sloppiness +	• Teach organizational skills. Be sure student has daily, weekly, and/or monthly assignment sheets; list of materials needed daily; and consistent format for papers. Have a consistent way for students to turn in and receive back papers. Reduce distractions. • Give reward points for notebook checks and proper paper format. • Provide clear copies of worksheets and handouts and consistent format for worksheets. Establish daily routine; provide models for what you want the students to do. • Arrange for a peer who will help him/her with organization. • Assist student to keep materials in a specific place (e.g., pencils and pens in pouch). • Be willing to repeat instructions.
15. Poor handwriting (often mixing cursive with manuscript and capitals with lower-case letters)	• Allow for a scribe and grade content, not handwriting. Allow for use of a computer or typewriter. • Consider alternative methods for student response (e.g., tape recorder, oral reports). • Don't penalize student for mixing cursive and manuscript (accept any method of production)
16. Difficulty with fluency in handwriting (e.g., good letter/word production but very slow and laborious)	• Allow for shorter assignments. (Emphasize quality over quantity.) • Allow alternate method of production (computer, scribe, oral presentation, etc.).

WHEN YOU SEE THIS BEHAVIOR	TRY THIS ACCOMMODATION
17. + Inappropriate responses in class often blurted out: answers given to the questions before they have been completed +	• Seat student in close proximity to teachers so that visual and physical monitoring of student behavior can be done by the teachers. • State behavior that you do want (tell the student how you expect him/her to behave).
18. Agitation under pressure and competition (athletic or academic)	• Stress effort and enjoyment for self, rather than competition with others. • Minimize timed activities; structure class for team effort and cooperation.
19. Inappropriate behaviors in a team or large group sport or athletic activity (difficulty waiting turn in games or group situations) +	• Give the student a responsible job (e.g., team captain, care and distribution of the balls, scorekeeping); consider leadership role. • Have student in close proximity to teacher.
20. + Frequent involvement in physically dangerous activities without considering possible consequences +	• Anticipate dangerous situations and plan for in advance. • Stress *Stop-Look-Listen.* • Pair with responsible peer. (Rotate responsible students so that they don't wear out!)
21. Poor adult interactions; defies authority; manipulates (passive); hangs on	• Provide positive attention. • Talk with student individually about the inappropriate behavior (*What you are doing is . . ., A better way of getting what you need or want is . . .*).
22. Frequent self-put-downs, poor personal care and posture, negative comments about self and others, low self-esteem	• Structure for success. Train student for self-monitoring, reinforce improvements, teach self-questioning strategies (*What am I doing? How is that going to affect others?*). • Allow opportunities for the student to show his/her strengths. • Give positive recognition. • Remain calm, state infraction of rule, and don't debate or argue with student. • Have a pre-established consequences for misbehavior. • Administer consequences immediately and monitor proper behavior frequently. • Enforce rules of the classroom consistently. • Design discipline to "fit the crime," without harshness. • Avoid ridicule and criticism. Remember, ADD children have difficulty staying in control. • Avoid <u>publicly</u> reminding students on medication to "take their medicine." • Reward more than you punish in order to build self-esteem. • Praise immediately any and all good behavior and performance. • Change rewards if not effective in motivating behavioral change. • Find ways to encourage the child. • Teach the child to reward him/herself. Encourage positive self-talk (e.g., *"You did very well remaining in your seat today. How do you feel about that?"*) This encourages the child to think positively about him/herself.

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WHEN YOU SEE THIS BEHAVIOR	TRY THIS ACCOMMODATION
23. Difficulty using unstructured time, recess, hallways, lunchroom, locker room, library, assembly	• Provide student with a definite purpose during unstructured activities. (E.g.,*The purpose of going to the library is to check out . . ., the purpose of . . . is . . ..)* • Encourage group games and participation (organized school clubs and activities).
24. + Losing things necessary for task or activities at school or at home (e.g., pencils, books, assignments before, during, and after completion of a given task) +	• Help students organize. Frequently monitor notebook and dividers, pencil pouch, locker, book bag, desks. *(Emphasize a place for everything and everything in its place.)* • Provide positive reinforcement for good organization. Provide student with a list of needed materials and their locations.
25. Poor use of time (sitting, staring off into space, doodling, not working on task at hand)	• Teach reminder cues (a gentle touch on the shoulder, hand signal, etc.). • Tell the student your expectations of what paying attention looks like. (E.g., *You look like you are paying attention when ....*) • Give the student a time limit for a small unit of work with positive reinforcement for accurate completion. • Use a contract, timer, etc., for self-monitoring.

REFERRAL

PROCEDURES

EXCEPTIONAL

STUDENT

EDUCATION

REFERRALS

EXCEPTIONAL STUDENT EDUCATION REFERRAL PROCEDURES

INTRODUCTION

After interventions have been implemented, the CST may determine that a referral to consider eligibility for an ESE program is also appropriate. The procedures that follow have been developed in accordance with local, state and federal guidelines governing ESE programs.

ALL referrals for ESE programs must be processed through the CST. The decision for referral will be a collaborative effort.

GENERAL GUIDELINES

Establishing priorities

The CST shall establish the priority for each case referred to Psychological Services based on the following criteria:

1. The severity of the referral problem
2. The length of time the referral has been under consideration
3. Students meeting emergency criteria as outlined in the Referral Guide Flipchart

Submitting Referrals

The maximum number of active referrals to be submitted to Psychological Services cannot exceed twelve (12) at any given time. When a case is closed, another referral may be submitted. Temporary ESE placements and ESE reevaluations are not included in the twelve (12) active referral limit.

PARENTS/GUARDIAN INFORMATION

Informed Parents/Guardian

Parents/guardians must be given a full explanation of the child's school difficulties, interventions planned, and the potential for psychological evaluation before any screening activities take place.

Parent Permission for Psychological Evaluation

When the CST decides to refer a student for a psychological evaluation, the parent permission form will be marked by the recorder or school psychologist. Appropriate assessment techniques or procedures will be checked (✓). The principal's signature will be obtained prior to the parent/guardian signature.

It is strongly recommended that the conference with the parent/guardian to share referral information and to obtain parent permission be done through **personal** contact.

The following information **must** be given to parents when securing parent permission:

1. An explanation as to possible outcomes of psychological evaluation (i.e., ESE placement, alternative education, etc.)

2. The information that will be collected for referral purposes. Copies of the referral form should be available for the parent/guardian's review.

3. An explanation of the parent permission for individual psychological evaluation form should be provided prior to requesting a signature. Their signature indicates their understanding of the form and grants their approval for evaluation.

4. A copy of the parents' rights, along with an explanation, shall be given to the parents. Parents will acknowledge receipt of their due process rights by checking (✓) the appropriate space on the parent permission form.

PARENTS/GUARDIAN INFORMATION - con't.

Parents will complete the medical history information section. Any previous psychological evaluation/data should be noted on the form. If a copy of a previous evaluation is available, it should be submitted with the referral.

Along with a signature, the parent should indicate the date and check (✓) the appropriate line granting permission.

NOTE: Referrals **will not be processed** without the parent's signature, date and the appropriate line being checked (✓).

COMPLETING THE REFERRAL FORM

All items must be completed on the referral form for psychological evaluation. Referral forms **must be PRINTED or TYPED**. The following guidelines are provided.

Type of referral:

Please check (✓) the appropriate referral reason in the box at the upper left hand corner of the referral form.

Identifying information:

Student's name, etc.: The student's legal name and identification number as listed on "Student Information Series" (computer terminal) must be used. Students having no middle name are indicated by "NMN" (i.e., John NMN Smith). If the student is a Junior, III, etc.. place this after the last name (Smith, Jr.).

Date of birth: Verify the birthdate from the computer terminal. Discrepancies between computer records and the birth certificate should be brought to the attention of the school computer operator responsible for maintaining records. The birth certificate always determines the date to be used.

Primary language: If more than one language is spoken, please enter both with the dominant language listed first. Example: Spanish/English. When in doubt as to the student's dominant language, the bilingual tutor should be consulted for further information.

Race: Use the numerical code as listed in the student record on the terminal.

Grade: Use current grade placement.

Item 1: Observed behavior necessitating referral - State the referral behaviors in observable terms including frequency of behaviors, length of time concerns have existed, etc. Be specific as to what behaviors are to be addressed by the school psychologist.

Educational History:

Attendance: Current school year. If the student has had an attendance problem in the past, indicate when, how many days, and reasons.

Grades Repeated: Circle any and all grade(s) repeated **or none**.

ESE Program: If the student is or has been served in one or more ESE program, please indicate all ESE programs and years served.

Counseling: Check appropriate type. Specify who delivered the counseling service.

Special Academic Programs: May include Chapter I, Migrant, Compensatory, Alternative Education, etc. Indicate dates student was served.

Screening Results:

Vision and hearing screenings should have been completed within 12 months of the anticipated evaluation date. If the student has failed, written documentation addressing the educational significance should be obtained from appropriate professional personnel.

A speech and language screening should be obtained for all students referred for learning problems.

An appropriate intellectual screening instrument (e.g., Kaufman Brief Intelligence Test or Slosson Intelligence Test) will be administered to all referred students unless there is a previous psychological on file. (The psychological must include an individually administered intellectual measure. Record the name of the test, date, and results. A copy of this report should be forwarded to Psychological Services, District Office) The screening test will be administered by qualified school personnel within 12 months of the anticipated evaluation date.

Record the results of the most recent standardized group achievement tests.

Interventions:

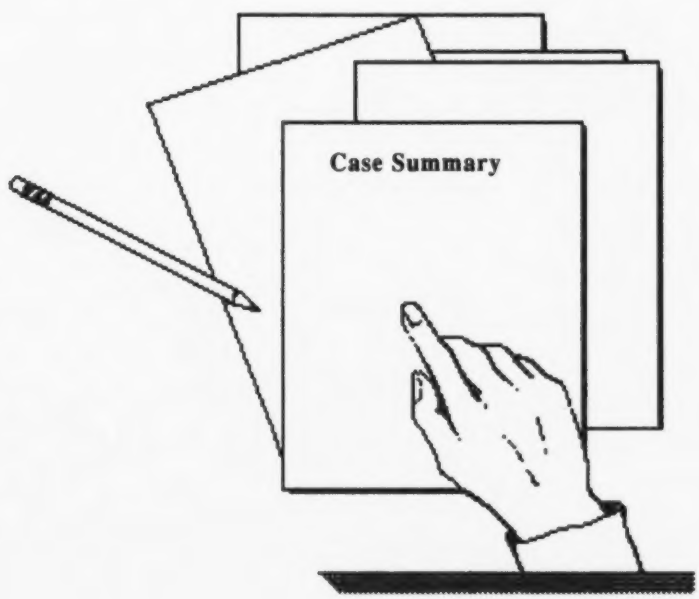
Interventions should be generated by the CST using the problem solving model (see section - "THE PROBLEM SOLVING MODEL"). These interventions should target the referral behaviors. A description of the interventions, the implementation dates, and the effectiveness must be documented.

Conferences:

Parent conferences should include selected school personnel (i.e., teacher(s), administrative and/or student services personnel). Record dates, participants, and results. Referrals for learning and behavior problems require a minimum of two parent conferences.

Child Study Team Members:

The actual signatures of the members in attendance and the date(s) of the Child Study Team meeting(s) must be entered in this space on the referral for a psychological evaluation.



OBSERVATIONS AND WORK SAMPLES

OBSERVATIONS

The purpose of the observations is to assist in the development of appropriate interventions. The student should be observed during periods when the problem behavior is normally exhibited. The observations should target the difficulties the child is experiencing in the classroom or school building. The observer should note all environmental influences and student reactions. The recommended length of an observation is at least 30 minutes. The observation recording forms (signed and dated) must be submitted with the referral.

Specific Learning Disabilities - SLD:

Two (2) observations, one by the referring teacher and one by a CST member are required. Observations may include the systematic observation technique, checklists, and anecdotal records (forms may be obtained from the Student Services department). These observations must be signed, dated and reflect the problems the student is exhibiting in the classroom.

Emotionally Handicapped - EH:

Three (3) systematic observations; Two (2) prior to interventions and one after a minimum of six (6) weeks of interventions. The first two observations must be done in different types of settings, e.g., structured/unstructured. The third observation must be done in one of the first two settings and be done by one of the first two observers. Observations are done with both the referred and a reference student for comparison purposes. The Child Behavior Checklist - Teacher Report Form (Achenbach) must be submitted with all EH referrals.

WORK SAMPLES

Work samples should reflect the reason for referral (item "1" on referral form). Limit work samples to the number required for each program.* All work samples must include:

A. Name of the student
B. Teacher expectation
C. Type of work (independent, teacher directed, done with assistance, etc.)
D. Date work was done
E. Teacher's signature

*For those students referred for learning problems, the work samples must exemplify both academic and process weaknesses.

STAFFINGS/NOTIFICATION OF CONFERENCE

Following a psychological evaluation, a case conference or staffing will be held to communicate evaluation results and to plan the student's educational program. If an ESE program is being considered, the following **staffing procedures** should be followed:

1. The staffing specialist will arrange with appropriate personnel the date, time and place of staffing.

2. The school will notify the parents of the purpose, date, time, place, and participants for the staffing.

3. The first notification of conference should be sent out at least a week to ten days prior to the staffing date. A copy of the "Parent Rights" shall accompany the "Notice of Conference" form. (See Appendix) If no response is received by the school within three days, a second notice should be sent. Document the second attempt at the bottom of the "Notice of Conference" form. DO NOT SEND GOLDENROD COPY AT ANY TIME! ! ! The goldenrod copy is the school's documentation that notification has occurred. Alternatives to sending the "Notice of Conference" form with the child are: regular mail, older responsible child, telephone, social work services, direct contact with the parent/guardian, etc.

4. It is recommended that a second contact be made with parent(s) to confirm their attendance. Document this contact at the bottom of the goldenrod copy.

5. When a staffing is scheduled for a child, all appropriate personnel should be notified as to the time, date, and place of the staffing. The CST should determine the method of notification .

6. A plan for classroom coverage to release the student's teacher should be devised.

7. If the child under consideration is involved in speech therapy, all pertinent information should be available for the staffing.

If the student is not being considered for an Exceptional Student Education program, a **case conference** should be scheduled. Each school will be responsible for notifying the parents and coordinating the conference. A copy of a notification letter should be placed in the referral coordinator's working file. (Copy of suggested letter in the Appendix)

CHILD FIND

NON-ENROLLED

Students of school age who are not enrolled in public or private schools and are suspected to be exceptional children may be referred through the Child Find program. The Child Find Specialist serves as the referral coordinator and follows established procedures.

PRE-K

Infants, toddlers and preschool aged children who are suspected of developmental delays or other handicapping conditions may be referred through the Child Find office. The Child Find specialist shall serve as the referral coordinator and follow procedures outlined elsewhere.

PRIVATE SCHOOLS

Students who live in Polk County and attend a private school may be referred for psychological evaluation. The private school is responsible for generating a referral in accordance with the Polk County Schools' referral procedures including the following:

1. A Child Study Team shall evaluate the need for a psychological referral.
2. Referral procedures outlined elsewhere shall be followed.
3. The referral, parent permission, and attachments shall be submitted to Psychological Services for assignment to a school psychologist.
4. The school psychologist shall follow up with the private school personnel.

ALTERNATIVE EDUCATION REFERRALS

Referral Procedures for Dropout Prevention Programs

At the beginning of the first semester and again at the beginning of the second semester, the Information Services Department sends a computer-generated printout to each school listing all students who meet two or more of the characteristics of a student 'at risk' as listed below:

1. One retention or more.
2. Achievement as exhibited by scoring below the 25th percentile in reading comprehension, language, or mathematics as measured by the CTBS.
3. Scored below 700 on math or communication on the HSCT.
4. Failed two or more courses the previous semester.
5. Ten or more absences during the previous semester.
6. Ten or more tardies during the previous semester.
7. More than two transfers during the last two years (including transfers to alternative education programs).
8. Assignment to an alternative program during the previous school year.

In addition to this formal report, each school has an informal list of students about whom they have concerns.

Schools are asked to use both lists to provide special attention to at-risk students and to plan school-based interventions for them or to consider referral to an appropriate dropout prevention program.

A list of the different program categories and the eligibility requirements for each category is given below. Each program has an application and copies are located in the guidance office or will be provided by the program on request.

EDUCATIONAL ALTERNATIVES:

Career Development Centers (grades 7-12), Computer Alternative Programs (all high schools), Concept Program (Bartow, Kathleen and Haines City high schools), Technology Education Program (Traviss Vo-Tech), and Argus I Program, Mark Wilcox Center (Garner Elementary School).

Complete program descriptions are located in the Comprehensive Dropout Prevention Plan should further information be required. This document is located in the principal's office at each school.

Students **eligible** to be enrolled in an educational alternative must meet **one or more** of the following criteria:

1. Retention or administrative promotion one or more times prior to referral.
2. Failing grades in two or more subjects during the grading period and/or semester prior to referral.
3. Underachievement as exhibited by scoring below the 25th percentile as measured by a standardized test or failure to master 80% percent of the basic skills in math, reading, or writing.
4. Disinterest in school as documented by two or more sources, such as parents, student, teacher, counselor, and/or school administrator.

Procedures (for all Educational Alternatives except Argus I)

1. Students may be referred by a feeder school with parent/guardian agreement, or a student may be self-referred, subject to program approval.

2. The counselor/referral coordinator must certify that the student meets the criteria for program placement and that the student is not in violation of the disciplinary code of conduct established by the District.

3. The counselor/referral coordinator must have parent permission to initiate the referral process. It is strongly recommended that a parent conference be scheduled in order to discuss the referral and to suggest that the parent and student visit the program site. All of the educational alternatives welcome parents and students to visit.

4. If the parent and student express an interest in the program an application is then completed and forwarded to the program.

5. In most cases the Computer Alternative Program teacher will work with the referral coordinator to expedite the referral process.

6. Many times the educational alternative programs have waiting lists so it is important to begin the referral process well in advance of the anticipated enrollment date.

Argus I, Mark Wilcox Center Procedures

Student Eligibility Criteria

Students eligible to be enrolled in Argus I at the Mark Wilcox Center are unmotivated or disinterested, as documented by student services personnel, due to one or both of the following criteria:

1. The student is affected by the alcoholism or substance abuse in the home or by that of a significant other.

2. The student has been involved in alcohol or other drug use.

In addition, in order to be eligible to enroll in Argus I:

1. The student is in the 2nd semester of the 4th grade, or in the 5th grade, or the 1st semester of the 6th grade.

2. A parent/guardian or other drug free adult of the parent's or guardian's choice must be willing to participate fully in the program.

3. The student must be willing to sign an agreement to remain drug free.

4. The student must not have an extensive school disciplinary record.

Procedures for Argus I referral

1. The student is identified by the referring school as one who is at risk due to alcoholism or substance abuse in the home, or by a significant other, or as a student who is a user of alcohol or other drugs.

2. With the consent and understanding of a parent or guardian, the referring school completes and sends the referral to the Mark Wilcox Center.

3. The Argus manager contacts the referring school to obtain background information on the student.

4. If the manager determines that the referral may be appropriate, an appointment will be arranged between the parent/ guardian and Argus. If it is determined that the referral is not appropriate, the referring school is notified with an explanation.

5. The parent/guardian is interviewed by the program manager. If the student and family meet the criteria for enrollment, an application is completed and a substance abuse assessment is arranged.

6. The results of the substance abuse assessment are forwarded to Argus I and eligibility for placement is determined by the Argus I staff.

7. The referring school and the parent/guardian are notifed by Argus I as to student acceptance into the program.

SUBSTANCE ABUSE PROGRAMS

Tri-County Addictions Rehabilitation Services, Bradley Oaks Residential Treatment Center (both of these programs are administered by community agencies) and Argus II (administered by the school board) Grades 7-12 are served in these programs.

Criteria for the community agency programs

Students will have to qualify for inclusion in the program on the basis of criteria established by the administration of the center for treatment of substance abuse. Each student will be admitted to the instructional program after qualifying for admission to the rehabilitation center. Approximately 75 percent of the residents are court ordered to the programs. The remainder are enrolled by their parents or themselves. If placement is voluntary, parent/guardian permission for participation must be obtained.

Student Eligibility Criteria

1. The student has been found to be in violation of those sections of the Code of Conduct which prohibit the use or possession of alcohol, other drugs or other mood modifying substance.

2. The violation is the first offense during the current school year.

3. The student is a middle school, junior high, or high school student.

4. Exceptions may be made to accept students on a voluntary basis subsequent to study of the individual case. Contact the Argus Program Manager for information.

Referral Procedures

1. Call in the referral to the Post Avenue Center (291-5355). In addition to the obvious information please be prepared to give the student's I.D. number and the date the student is to enroll.

2. If the student is in grade 9 through 12, arrange for him/her to have assignments for all subjects including a written assignment for P.E. Advise the student to bring assignments and necessary books and materials to enrollment. If this is not practical for your school, please have them in the courier so they arrive at Post Avenue by the student's first day.

3. Give the student a withdrawal and advise him/her to bring it to enrollment.

4. Give the student the handout entitled "Parent Information and Instructions" and advise him/her to give it to the parent. Among other things, the form advises the parents that the student must be accompanied by a parent when enrolling.

5. Arrange for each student's teachers to complete form 00933 entitled " Behavior Rating Scale". Send these to Post Avenue as soon as possible as they are considered in assessing the needs of the student.

6. Please note that E.S.E. students must have a staffing prior to assignment.

TEENAGE PARENT PROGRAM

Cyesis Programs are located at John Cox School, Lakeland and the East Area Special Services Center, Lake Wales. All grade levels are served.

Eligibility Criteria

Pregnant and parenting students who are enrolled in Polk County Schools are eligible to participate in the Cyesis Program. Pregnant students must have documented proof of pregnancy upon making applicaiton to the program. A parenting student must produce a birth cerfificate for the child as proof that he/she is the parent. Children (ages 0-5) of eligible parents are also eligible for services.

Referral Procedures

The Teenage Parent Program is voluntary, but we strongly urge counselors/referral coordinators to encourage the student to participate in the program. The program is designed to meet the needs of the pregnant or parenting student. Upon successful completion of the parenting program the student's child is eligible for free child care as long as he/she remains in school working toward a standard high school diploma.

1. Student is given an application and a physician's form to complete.

2. When the student has completed both forms and has had them signed by the appropriate people the counselor/referral coordinator should make contact with the appropriate Cyesis Program head teacher.

3. The sending school needs to request transportation for the student.

4. If the student is an ESE student, a staffing must be held prior to placement in the Teenage Parent Program. **A staff member from the Teenage Parent Program or the Alternative Program manager must be included in the staffing.**

5. If the counselor/referral coordinator works with a student about the possibility of attending the Teenage Parent Program and the student decides not to attend, then the counselor should get the student and parent/guardian to sign the Waiver of Participation Form. We want to ensure that the parent/guardian and the student realize what services they are rejecting by not enrolling in the program.

APPENDIX

C H I L D S T U D Y T E A M C A S E R E V I E W

For use in summarizing information from cumulative records and other sources for Child Study Team meetings.

IDENTIFYING INFORMATION:

Student Name: _____ Birthdate: _____
(Last) (First) (Middle) (YY/MM/DD)

Student ID #: _____ Grade: ____ Teacher: _____

This form completed by: _____ Date: _____
(Name) (Position) (YY/MM/DD)

Briefly state what behaviors or learning difficulties are being experienced with this student.

What goals or outcomes are expected or desired for this student's behavior or learning?

Outline the student's educational history below from past to present; attach separate page, if space is insufficient. If available, you may attach copy of Assignment History screen from mainframe terminal instead.

SCHOOL YEAR	GRADE	SCHOOL/TEACHER	PROMOTED/PLACED/RETAINED

STANDARDIZED TEST AND SCREENING RESULTS:

pe	Date	Name of Test and/or Results
GROUP ACHIEVEMENT		Test: _____ Total Reading Score: _____ Type of Score: _____ Total Math Score: _____
VISION		Circle results: PASS FAIL REFERRED
HEARING		Circle Results: PASS FAIL REFERRED
K-BIT/SIT		Test: _____ Score: _____

CHILD STUDY TEAM CASE REVIEW -- PAGE 2

SPECIAL SERVICES HISTORY: List dates and types of special services below.

DATES From	To	WITHIN SCHOOL SYSTEM (e.g, Chapter I, Counseling, ESE, Migrant Education, ESOL):
		OUTSIDE SCHOOL SYSTEM (e.g., counseling, tutoring, public assistance):

Are any of the following areas a possible factor in this student's present behavioral and/or learning difficulty? If so, explain in space provided.

ATTENDANCE: (Attach printout of attendance from mainframe if relevant)

CONDUCT/DISCIPLINE: (Attach printout of discipline record from mainframe)

HEALTH/MEDICAL: (Indicate medications or hospitalizations if relevant)

OTHER PROBLEMS: (e.g., divorce, death or major illness of significant person, changes of residence)

INTERVENTIONS: List at least two strategies used to address the student's behavior or learning difficulties; attach additional pages, if needed.
REMINDER: A CST member must be involved in designing at least ONE of these interventions.

	INTERVENTION 1	INTERVENTION 2
Date Begun/Ended:	_____/_____	_____/_____
Persons Responsible: (Name and Position)		
Strategy:		
Goal:		
Results:		

CHILD STUDY TEAM MEETING ACTION		
Date	Initials of Team Members	Results/Recommendations

SCHOOL LETTERHEAD

PARENT PERMISSION FOR INDIVIDUAL IN-SCHOOL ASSESSMENT

Date: _____

TO: _____
(Name of Parent or Guardian)

_____
(Street Address Line 1)

_____
(Street Address Line 2)

_____
(City) (State) (ZIP)

RE: _____
(Full Name of Student)

Dear Parent:

We may need further information about your child's abilities to help us plan the best way for him/her to learn. We need your permission to do in-school screening tests with your child. Please feel free to contact me if you have any questions.

Sincerely,

_____
(Name and Position)

_____
(Phone Number and Time Available)

(Tear here and return bottom portion to individual named below)

RETURN TO: _____
(Name)

_____
(Name of School)

I give my permission for in-school assessment of my child,

_____
(Full Name of Student) (Birthdate) (Grade) (Teacher)

in order to plan her/his best educational program. I understand that, if my child should need further evaluation, I will be contacted to obtain additional written permission from me.

_____
(Signature of Parent or Guardian) (Date Signed)

SCHOOL BOARD OF POLK COUNTY

P.O. BOX 391 • 1915 SOUTH FLORAL AVE. • BARTOW, FLORIDA 33830
813-534-2111 • (FAX) 813-534-2360

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JOHN A. STEWART
SUPERINTENDENT OF SCHOOLS

September 12, 1989

MEMORANDUM

TO: Referral Coordinators

FROM: WM Wayne Mundy, Student Services Director
PK Pam Keller, Guidance Services Supervisor
KM Kim Martin, Psychological Services Coordinator

SUBJECT: Screening Results Letter to Parents

Recognizing the time constraints of guidance counselors/referral coordinators, the Identification and Placement subcommittee of the Gifted Task Force drafted this letter so that parents can be notified of screening results in the event that a parent conference or telephone interview is not possible.

Some schools have developed a similar letter and have been using it for several years to notify parents of screening results. Of course, you may continue to use whichever letter you prefer or adapt this letter to meet the individual needs of your own school.

The use of this letter is optional and is not meant to replace parent conferences. It is simply to facilitate communication between the home and school regarding in-school screening results.

RWH/WM/vo

v1aug.km

AN EQUAL OPPORTUNITY EMPLOYER

SCHOOL LETTERHEAD

Date: _____

TO: _____
(Name of Parent or Guardian)

_____
(Street Address Line 1)

_____
(Street Address Line 2)

_____
(City) (State) (ZIP)

RE: _____
(Full Name of Student)

Dear _____ :
(Name of Parent or Guardian)

It is our intent to establish a closer line of communication between home and school. In doing so, we wish to inform you of your child's recent in-school testing results.

Upon administering the _____, we have found that
(Screening Test or Procedure)

_____ has / has not met the requirements for further
(First Name of Student)

evaluation at this time.

We encourage you to call the office at _____ and
(Phone Number and Time Available)

set up an appointment to discuss our findings with you.

Sincerely,

_____
(Name and Position)

SCHOOL LETTERHEAD

Date: _____

TO: _____
(Name of Parent or Guardian)

_____
(Street Address Line 1)

_____
(Street Address Line 2)

_____
(City) (State) (ZIP)

RE: _____
(Full Name of Student)

Dear _____ :
(Name of Parent or Guardian)

On _____ you gave permission for _____ to be
(Permission Date) (First Name of Student)

evaluated by a school psychologist. The results from that evaluation are now available, and it does not appear that _____ is eligible
(First Name of Student)

for a special program at this time.

Please call me at _____, if you wish to
(Contact Phone Number and Time Available)

schedule a meeting with school staff to discuss the evaluation results.

Sincerely,

_____
(Contact Person and Position)

POLK COUNTY PUBLIC SCHOOLS
John A. Stewart, Superintendent of Schools
Bartow, FL 33830

INTER-
SSS-SH
8-1-92

COMMUNICATION SKILLS CHECKLIST/REFERRAL FORM

CHECK ONE BOX:

☐ Communication Skills Checklist ☐ Referral Form ☐ Annual Review ☐ Re-Evaluation

Student _____ ID# _____ DOB _____ Date _____
School _____ Grade _____ Teacher _____ Sex ____

Is the Child in another E.S.E. program? Yes No
If yes, what program?

Reason for Referral _____

ACADEMICS: ☐ Above Average ☐ Average ☐ Below Average

		YES	NO
ARTICULATION SKILLS:			
1.	Does the student have a lot of pronunciation or enunciation errors?	____	____
2.	Is the student's intelligibility of speech reduced enough that you have trouble understanding him?	____	____
3.	Does the student's oral reading mispronunciations relate to his articulation errors?	____	____
LANGUAGE SKILLS:			
1.	Does this student speak in complete sentences?	____	____
2.	Is this student's grammar (syntax) adequate for his/her age?	____	____
3.	Is the student's vocabulary limited for his/her age?	____	____
4.	Does the student usually follow your oral directions?	____	____
5.	Does this student have difficulty learning, even when things are repeated many times?	____	____
6.	Is this student able to listen to a story and interpret the meaning?	____	____
FLUENCY SKILLS:			
1.	Does the student have trouble with fluency of speech by hesitating or using prolongations?	____	____
2.	Have you heard anyone call the student a stutterer?	____	____
VOICE SKILLS:			
1.	Does this student ever lose his/her voice by the end of or during the school day? If so when? _____	____	____
2.	Does this student use an unusually loud voice or shout a great deal?	____	____
3.	If this student has a pitch problem (too low or too high), does the pitch make it difficult to identify him/her as male or female?	____	____
4.	Does this student's voice break up or down in pitch to the extent that he appears to be embarrassed by this?	____	____
OTHER CONSIDERATIONS:			
1.	Have the student's parents ever talked to you about the student's communication problem?	____	____
2.	Does the student's communication problem make it difficult to understand his speech?	____	____
3.	Is the student aware of his/her communication problems?	____	____

_____ Signature of Referral Source

_____ Position

White: ESE Office
Yellow: School
Pink: Parent
Goldenrod: Teacher

Inter
ESE/SH
6/92

POLK COUNTY PUBLIC SCHOOLS
John A. Stewart, Superintendent of Schools
Bartow, FL

SPEECH/LANGUAGE
KINDERGARTEN SCREENING SHEET

Student's Name_____ ID#_____ DOB_____

Kindergarten Teacher_____ School_____ Date_____

Please check the box(es) below which indicate the areas that you believe apply to each of your students:

☐ LANGUAGE: Student demonstrates significant difficulty with vocabulary, listening skills, or grammar.

☐ ARTICULATION: Student demonstrates significant difficulty making several different speech sounds.

☐ FLUENCY: Student stutters or stammers when talking.

☐ VOICE: Student's voice is consistently hoarse, unusually high/low in pitch or volume.

COMMENTS _____

_____

_____

_____

_____

3A-13/1

POLK COUNTY PUBLIC SCHOOLS
John A. Stewart, Superintendent of Schools
Bartow, Florida

INTER
SSS-OLD
8/1/92

SCREENING/REFERRAL SCALE
PROGRAM FOR THE GIFTED

STUDENT'S NAME _____ ID# _____ DOB _____ SEX _____
PRESENT SCHOOL _____ GRADE _____ ETHNIC GROUP ____ MIGRANT ID# _____

CIRCLE POINTS in column on right side, then enter "Total Points" below.

CRITERIA	POINTS
Ability Screening Measure Results -- CHOOSE ONE ONLY	
K-BIT SCORE 120-124	1
K-BIT Score 125 or higher	2
Slosson Score 125-134	1
Slosson Score 135 or higher	2
Prior Individual Measure Score 125 or higher	2
CTBS Group Achievement Test Results -- CHOOSE ONE ONLY	
Total Battery National Percentile 61-76 with Total Reading and/or Total Mathematics 96 or higher	1
Total Battery National Percentile 77-95	2
Total Battery National Percentile 96 or higher	3
Classroom Academic Performance -- CHOOSE ONE ONLY	
Grade Average G or B with E or A in one subject	1
Grade Average E or A	2
Other Identifiers -- CHOOSE ONE ONLY	
Student belongs to a targeted minority group* (Black, Hispanic, American Indian, Low Socio-economic Status Household, ESOL)	1
Strong teacher recommendation based upon outstanding creativity, leadership, and/or scholarship	2

TOTAL POINTS = _____

TOTAL OF 4 OR MORE POINTS FOR STUDENT IN GRADES K-2 OR TOTAL OF 6 OR MORE POINTS FOR STUDENTS IN GRADES 3-12 SUGGESTS SIGNIFICANT EVIDENCE TO REFER FOR INDIVIDUAL PSYCHOLOGICAL TESTING FOR THE GIFTED PROGRAM.

*Targeted minority groups are those UNDER-REPRESENTED in Gifted.

POLK COUNTY PUBLIC SCHOOLS
John A. Stewart, Superintendent of Schools
Bartow, Florida

MIS-00962R
ESE-OLD
7/91

NOTICE OF CONFERENCE

Date: _____

STUDENT'S NAME

_____

_____

_____

Dear _____,

In order that we may discuss the educational needs of your child, _____,
you are invited to attend a conference at _____
scheduled for _____ at _____.

The purpose(s) of this meeting are to:

[ ] Discuss the results of your child's evaluation and to determine whether your child is eligible for a special program.
[ ] Develop your child's Individual Educational Plan (IEP) and obtain your consent for your child to receive exceptional student education services.
[ ] Review your child's Individual Educational Plan (IEP).
[ ] Discuss possible dismissal from an Exceptional Student program.
[ ] Develop graduation course plan; discuss diploma options and post secondary plans.

The following persons have been invited to attend this conference:

[ ] ESE ADMINISTRATOR OR DESIGNEE	[ ] SCHOOL ADMINISTRATOR
[ ] SCHOOL PSYCHOLOGIST/EVALUATOR	[ ] REFERRAL COORDINATOR
[ ] CLASSROOM TEACHER	[ ] OTHER
[ ] ESE TEACHER	[ ] OTHER

We look forward to having you participate in this meeting. You are welcome to bring other people if you desire. Please notify me if you require the services of an interpreter or translator. I hope that this date and time are convenient for you. Please indicate your plans for attendance, sign and return this form to me as soon as possible.

Sincerely,

_____
NAME AND POSITION

[ ] Yes, I will attend at the scheduled time.
[ ] No, I cannot attend at this time. Please contact me at _____ to reschedule the meeting.
[ ] No, I cannot attend at any time. Please hold the meeting without me.

_____ _____
SIGNATURE OF PARENT, GUARDIAN, OR SURROGATE PARENT DATE

White: ESE File Yellow: School Pink: Parent Goldenrod: Teacher

OLD/pdrM/Notice of Conference

Forms 00921
SSS/jfa
11/18/91

School Board of Polk County
Prevention Programs and Services
P. O. Box 391
Bartow, FL 33830

Teen Parent Program Application

The Teen Parent Program in Polk County seeks to provide a quality alternative educational program for pregnant and parenting students who want to continue their education. It also attempts to meet their individual pregnancy-related and parenting needs through the support and services of a variety of sources.

Student's Name:_____**Date of Birth**_____

Address_____**Telephone**_____

School_____**Grade**_____

The above-named student requests placement in the Teen Parent Program (Cyesis) of Polk County and is eligible for services through the program located at _____.

Date_____**Signature of Counselor**_____.

Agreement

1. I request and give permission for the above-named student to be placed in the Teen Parent Program and hereby give permission for the attending physician or the Polk County Health Department to release information regarding the physical need for placement in the program.

2. I understand that placement in the Teen Parent Program is voluntary.

3. I understand the importance of regular attendance and I will encourage my child's attendance.

4. I understand that I have the right to an administrative review of my child's placement into the Teen Parent Program and the right to request an evaluation to determine eligibility for exceptional student education.

Limited English Proficient (LEP) student who meet program eligibility criteria shall have equal access to the program. When A LEP student is served in the program, the curriculum and related services will be designed to appropriately address the needs of LEP students in order to insure that the instruction is understandable.

Exceptional students who meet the program eligibility criteria will be considered for placement. An IEP review will occur prior to this placement and dropout prevention staff will be present at the review.

Parent Signature_____**Date**_____

Note: Physician's statement or proof of parenthood (child's birth certificate) are required. Attach the physician's statement form or a copy of the child's birth certificate to this application.

Forms 00922
SSS/jfa
11/20/91

School Board of Polk County
Prevention Programs and Services
P. O. Box 391
Bartow, FL 33830

TEEN PARENT PROGRAM
(Cyesis)

Physician's Statement

Student Name_____Date_____

Address_____
street city

Date of Birth_____SIS #_____

Permission for the below stated physician or Polk County Health Department to release information regarding the health of the above student to the Polk County School Board is granted.

Parent/Guardian Signature_____**Date**_____

Student Signature_____**Date**_____

_____

The pregnancy of the above named student is confirmed.
The estimated due date is_____.

Please list any health problems that you feel the Teen Parent Program staff should be made aware of in order to insure the safety of this student while she is enrolled in the program. If there are no special problems please indicate that as well.
This student is____is not____able to participate in the prenatal exercise and relaxation class while enrolled inthe Teenage Parent Program. These exercises are based on the Lamaze Prepared Childbirth Program.

_____
_____
_____

Physician's Signature:_____**Date**_____

or

Polk County Health Dept. Signature_____**Date**_____